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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/700,838	RECEIVED
Filing Date	11/3/2003	
First Named Inventor	David Fikstad	MAY 23 2008
Art Unit	1614	OFFICE OF PETITIONS
Examiner Name	Leslie Royds	
Attorney Docket Number	01235-23625	

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Assertion of Large Entity Status
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	\$655.00 check
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

05/21/2008 DALLEN 00000006 10700838

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655.00 OP

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thorpe North & Western LLP		
Signature			
Printed name	David W. Osborne		
Date	May 14, 2008	Reg. No.	44989

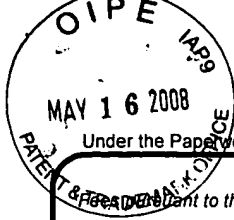
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Judy Anderson	Date	May 14, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Read Patent to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
655.00

Complete if Known

Application Number 10/700,838

Filing Date 11/3/2003

First Named Inventor David Fikstad

Examiner Name Royds, Leslie A.

Art Unit 1614

Attorney Docket No. 01235-23625

RECEIVED

MAY 23 2008

OFFICE OF PATENTS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 20-0100 Deposit Account Name: Thorpe North & Western, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	251	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Assertion of Large Entity Status

Fees Paid (\$)

\$655.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44989	Telephone (801) 566-6633
Name (Print/Type)	David W. Osborne		Date May 14 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

USPTO
PATENT & TRADEMARK OFFICE
DIVISION

2008 MAY 20 PM 4:07

Re application of:

Fikstad, et al.

Serial No.: 10/700,838

Art Unit: 1614

Filing Date: November 3, 2003

Title: PHARMACEUTICAL
COMPOSITIONS WITH
SYNCHRONIZED SOLUBILIZER
RELEASE

Attorney Docket No.: 01235-23625

ASSERTION OF LARGE
ENTITY STATUS AND
ITEMIZATION AND PAYMENT
OF DEFICIENCY

RECEIVED

MAY 23 2008

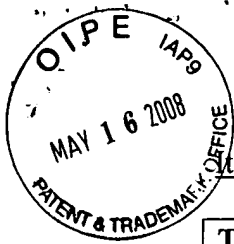
OFFICE OF PETITIONS

Commissioner of Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Dear Sir:

The applicant asserts that as of May 25, 2004 the above listed patent is no longer entitled to small entity status and that this communication should act as notification of such as required under 37 C.F.R. §1.27(g)(2). It is further asserted that the paying of small entity fees subsequent to the above listed date was an error which was made in good faith. Accordingly, a check for \$655.00 is included herewith and is believed to correct all deficiencies owed with respect to this patent application.

The deficiency owed was calculated based on the guidelines set forth in 37 C.F.R. §1.28(c)(2)(i) and an itemization of the deficiency as required under 37 C.F.R. §1.28(c)(2)(ii) is set forth below.



Itemization of Deficiency Payment

Type of Fee Paid	Terminal Disclaimer Fee	Terminal Disclaimer Fee	3-Month Extension of Time
Current Fee Amount for Non-Small Entity	\$130.00	\$130.00	\$1050.00
Small Entity Fee Paid	\$65.00	\$65.00	\$525.00
Date of Payment of Small Entity Fee	October 31, 2007	October 31, 2007	October 31, 2007
Deficiency Owed for each fee	\$65.00	\$65.00	\$525.00
Total Deficiency Owed	\$655.00		

DATED this 14th day of May, 2008.

Respectfully submitted,

David W. Osborne
ATTORNEY FOR APPLICANT
REGISTRATION NO. 44,989
THORPE NORTH AND WESTERN
8180 S. 700 E., Suite 350
Sandy, UT 84070